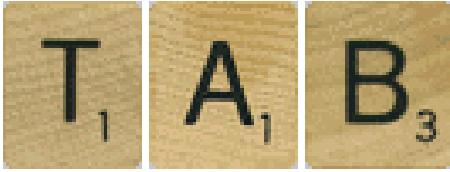


Thomas
Ford
Memorial
Library



Application for Membership

Date of Application _____

Name: _____

Address: _____ Phone: _____

City, State: _____ Zip: _____ Grade: _____ Age: _____

School: _____ Email: _____

Name of Parent(s)/Guardian(s): _____

In case of emergency, contact: _____ Phone: _____

Responsibilities of a T.A.B. Member:

- Attend all meetings and be an active participant.
- Attend programs and help w/setup & cleanup.
- Be a responsible library user.
- Help promote participation in the Teen Advisory Board.
- Have a good time!

Why do you want to be a member of the Teen Advisory Board?

